

House File 2463

H-8253

1 Amend House File 2463 as follows:

2 1. Page 2, by striking lines 26 through 29 and
3 inserting:

4 <4. Of the funds appropriated in this section,
5 ~~\$125,000~~ \$250,000 shall be used to fund ~~services to~~
6 ~~meet the unmet needs of older individuals as identified~~
7 ~~in the annual compilation of unmet service units by~~
8 ~~the area agencies on aging through Iowa's aging and~~
9 ~~disability resource center network.~~>

10 2. Page 3, line 23, by striking ~~<ombudsman>~~ and
11 inserting ~~<ombudsmen>~~

12 3. Page 4, line 9, by striking ~~<13.00>~~ and
13 inserting ~~<13.00~~ 10.00>

14 4. Page 8, line 23, by striking ~~<14.00>~~ and
15 inserting ~~<14.00~~ 12.00>

16 5. Page 11, line 2, by striking ~~<6.00>~~ and
17 inserting ~~<6.00~~ 5.00>

18 6. Page 11, by striking lines 13 through 16 and
19 inserting ~~<basis. Of the amount allocated in this~~
20 ~~paragraph, \$47,500 shall be used to fund one full-time~~
21 ~~equivalent position to serve as the state brain injury~~
22 ~~service program manager.~~>

23 7. Page 13, line 7, by striking ~~<18.25>~~ and
24 inserting ~~<18.25~~ 11.00>

25 8. Page 18, by striking lines 27 through 29 and
26 inserting ~~<of grants shall be given to new residency~~
27 ~~programs and the expansion of existing residency~~
28 ~~programs which propose expansion of psychiatric~~
29 ~~residency positions and family practice residency~~
30 ~~positions.~~>

31 9. Page 19, by striking lines 2 through 5.

32 10. Page 21, line 9, by striking ~~<5.00>~~ and
33 inserting ~~<5.00~~ 4.00>

34 11. Page 25, by striking lines 30 through 34 and
35 inserting: ~~<The department shall transfer TANF block~~
36 ~~grant funding appropriated and allocated in this~~
37 ~~subsection to the child care and development block~~
38 ~~grant appropriation in accordance with federal law~~
39 ~~as necessary to comply with the provisions of this~~
40 ~~subsection.~~>

41 12. Page 34, line 2, by striking ~~<1,248,017,014>~~
42 and inserting ~~<1,248,320,932>~~

43 13. Page 34, after line 2 by inserting:

44 <Sec. _____. 2013 Iowa Acts, chapter 138, section
45 142, subsection 11, paragraph a, is amended to read as
46 follows:

47 11. a. Of the funds appropriated in this
48 section, ~~\$7,969,074~~ \$8,391,922 is allocated for the
49 state match for a disproportionate share hospital
50 payment of \$19,133,430 to hospitals that meet both

1 of the conditions specified in subparagraphs (1)
2 and (2). In addition, the hospitals that meet the
3 conditions specified shall either certify public
4 expenditures or transfer to the medical assistance
5 program an amount equal to provide the nonfederal
6 share for a disproportionate share hospital payment of
7 \$7,500,000. The hospitals that meet the conditions
8 specified shall receive and retain 100 percent of
9 the total disproportionate share hospital payment of
10 \$26,633,430.>

11 14. Page 34, line 22, by striking <a quarterly> and
12 inserting <an annual>

13 15. Page 34, line 26, by striking <4,847,559> and
14 inserting <5,151,477>

15 16. By striking page 34, line 31, through page 35,
16 line 28, and inserting:
17 <NEW SUBSECTION. 23. The department of human
18 services shall collaborate with the Medicaid managed
19 care organization to perform an analysis to determine
20 the cost effectiveness of including the pharmacy
21 benefit for enrollees of the managed care plan within
22 the managed care organization contract. The analysis
23 shall determine if the change would result in savings
24 to the Medicaid program, and if so, the best means
25 of implementing the change. The department shall
26 report the results of the analysis to the individuals
27 identified in this division of this Act for submission
28 of reports by December 15, 2014, and shall not
29 implement the inclusion of the pharmacy benefit in
30 the managed care organization contract without prior
31 approval of the general assembly.>

32 17. Page 36, line 3, by striking <17,323,366> and
33 inserting <17,148,576>

34 18. Page 36, by striking lines 28 through 30 and
35 inserting:
36 <5. Of the funds appropriated in this section,
37 \$37,500 shall be used for continued implementation of a
38 uniform cost report.>

39 19. By striking page 36, line 34, through page 37,
40 line 1, and inserting:
41 <7. Of the funds appropriated in this section,
42 \$49,895 shall be used for continued implementation of
43 an electronic medical records system.>

44 20. Page 37, before line 2 by inserting:
45 <8. The department shall submit a progress report
46 to the individuals identified in this division of this
47 Act for submission of reports by December 15, 2014,
48 regarding implementation of a uniform cost report.>

49 21. Page 42, line 5, by striking <15.00> and
50 inserting <2.00>

1 22. Page 43, after line 23 by inserting:
2 <4. Notwithstanding section 8.39, without the
3 prior written consent and approval of the governor
4 and the director of the department of management,
5 the director of human services may transfer funds
6 between the appropriation made in this section and
7 other departmental appropriations as necessary to best
8 fulfill the needs provided for in this appropriation.
9 However, the department shall report to the legislative
10 services agency prior to making such a transfer and
11 the report shall include information regarding the
12 rationale for transferring the moneys.>
13 23. Page 43, line 34, by striking <95,664,831> and
14 inserting <95,535,703>
15 24. Page 44, line 16, by striking <\$36,400,721> and
16 inserting <\$36,967,216>
17 25. Page 49, line 1, by striking <\$210,260> and
18 inserting <\$210,620>
19 26. Page 50, by striking lines 26 and 27 and
20 inserting <shall be used for the public purpose of
21 funding community-based services and other supports
22 with a system of care approach for children with a
23 serious emotional disturbance and their families
24 through a nonprofit>
25 27. Page 57, by striking lines 8 through 10.
26 28. Page 58, after line 35 by inserting:
27 <Sec. _____. 2013 Iowa Acts, chapter 138, section
28 159, subsection 1, paragraph c, subparagraphs (1) and
29 (2) are amended to read as follows:
30 (1) For the fiscal year beginning July 1, 2014,
31 reimbursement rates for outpatient hospital services
32 shall remain at the rates in effect on June 30, 2014 be
33 rebased effective January 1, 2015, subject to Medicaid
34 program upper payment limit rules and adjusted as
35 necessary to maintain expenditures within the amount
36 appropriated to the department for this purpose for the
37 fiscal year.
38 (2) For the fiscal year beginning July 1, 2014,
39 reimbursement rates for inpatient hospital services
40 shall remain at the rates in effect on June 30, 2014 be
41 rebased effective October 1, 2015, subject to Medicaid
42 program upper payment limit rules and adjusted as
43 necessary to maintain expenditures within the amount
44 appropriated to the department for this purpose for the
45 fiscal year.
46 Sec. _____. 2013 Iowa Acts, chapter 138, section 159,
47 subsection 1, paragraph f, subparagraph (1), is amended
48 to read as follows:
49 (1) For the fiscal year beginning July 1, 2014,
50 reimbursement rates for home health agencies shall

1 continue to be based on the Medicare low utilization
2 payment adjustment (LUPA) methodology in effect on June
3 30, 2014, as adjusted to not exceed the reimbursement
4 for the fiscal year beginning July 1, 2013 with state
5 geographic wage adjustments. Beginning July 1, 2015,
6 the department shall update the rates every two years
7 to reflect the most recent Medicare LUPA rates.

8 Sec. _____. 2013 Iowa Acts, chapter 138, section
9 159, subsection 1, paragraph 1, is amended to read as
10 follows:

11 1. (1) For the fiscal year beginning July 1,
12 2014, the average reimbursement rate for health care
13 providers eligible for use of the federal Medicare
14 resource-based relative value scale reimbursement
15 methodology under section 249A.20 shall remain at the
16 rate in effect on June 30, 2014; however, this rate
17 shall not exceed the maximum level authorized by the
18 federal government.

19 (2) The department may adjust reimbursement rates
20 under this paragraph "1" to more closely align with the
21 Medicare fee schedule. Any such adjustment shall be
22 budget neutral.>

23 29. Page 59, by striking lines 5 and 6 and
24 inserting <provided at hospitals shall remain at the
25 rates in effect on June 30 be rebased effective October
26 1, 2014, subject to Medicaid program upper payment>

27 30. By striking page 59, line 33, through page 60,
28 line 12, and inserting:

29 <Sec. _____. 2013 Iowa Acts, chapter 138, section
30 159, is amended by adding the following new subsection:

31 NEW SUBSECTION. 6A. a. For the purposes of
32 this subsection, "combined reimbursement rate" means
33 the combined service and maintenance reimbursement
34 rate for a service level under the department's
35 reimbursement methodology. For the fiscal year
36 beginning July 1, 2014, the combined reimbursement
37 rate for a group foster care service level shall be
38 the amount designated in this subsection. However,
39 if a group foster care provider's reimbursement rate
40 for a service level as of June 30, 2014, is more than
41 the rate designated in this subsection, the provider's
42 reimbursement shall remain at the higher rate.

43 b. Unless a group foster care provider is subject
44 to the exception provided in paragraph "a", for the
45 fiscal year beginning July 1, 2014, the combined
46 reimbursement rates for the service levels under the
47 department's reimbursement methodology shall be as
48 follows:

49 (1) For service level, community - D1, the rate
50 shall be 71 percent of the applicable patient-day

1 weighted statewide average cost of group foster care
2 cost reports that were verified and used for the foster
3 group care rate methodology workgroup final report
4 submitted to the general assembly in December 2012.

5 (2) For service level, comprehensive - D2, the
6 rate shall be 78 percent of the applicable patient-day
7 weighted statewide average cost of group foster care
8 cost reports that were verified and used for the foster
9 group care rate methodology workgroup final report
10 submitted to the general assembly in December 2012.

11 (3) For service level, enhanced - D3, the rate
12 shall be 93 percent of the patient-day weighted
13 statewide average cost of group foster care cost
14 reports that were verified and used for the foster
15 group care rate methodology workgroup final report
16 submitted to the general assembly in December 2012.>

17 31. Page 60, by striking lines 11 and 12 and
18 inserting <assembly in December 2012.>

19 32. Page 63, by striking lines 18 through 20 and
20 inserting <shall be given to new residency programs
21 and the expansion of existing residency programs which
22 propose expansion of psychiatric residency positions
23 and family practice residency positions.>

24 33. Page 64, after line 6 by inserting:

25 <STATE SUPPLEMENTARY ASSISTANCE
26 Sec. _____. 2013 Iowa Acts, chapter 138, section 14,
27 is amended by adding the following new subsection:
28 NEW SUBSECTION. 4. Notwithstanding section
29 8.33, moneys appropriated in this section that remain
30 unencumbered or unobligated at the close of the fiscal
31 year shall not revert but shall remain available for
32 expenditure for the purposes designated until the close
33 of the succeeding fiscal year.>

34 34. Page 66, by striking lines 30 through 32 and
35 inserting <assistance program.>

36 35. Page 67, by striking lines 24 and 25 and
37 inserting <5, Code 2013, for the same 12-month period
38 of August 2012 through July 2013 used to distribute
39 state payment program remittances to counties in the
40 state fiscal year beginning July 1, 2013. A county
41 shall provide the remittance received by the county
42 to the county's mental health and disability services
43 region.>

44 36. Page 68, line 13, after <institutes,> by
45 inserting <the Iowa behavioral health association,>

46 37. Page 68, line 30, after <appeals,> by inserting
47 <department on aging,>

48 38. Page 68, line 32, by striking <providers and>
49 and inserting <providers, the Iowa behavioral health
50 association, and>

1 39. Page 70, line 4, after <abilities> by inserting
2 <based upon informed, person-centered choices made from
3 an array of options>
4 40. Page 71, line 24, after <state> by inserting
5 <and by the fiscal agent for the affected region>
6 41. Page 71, line 25, before <The> by inserting
7 <If the auditor of state and the fiscal agent do not
8 agree, the differences shall be resolved in a hearing
9 procedure before an administrative law judge.>
10 42. Page 71, line 30, after <calculated.> by
11 inserting <The director's certification shall be
12 considered final agency action.>
13 43. Page 72, line 18, by striking <in prior fiscal
14 years> and inserting <in prior fiscal years>
15 44. Page 72, line 20, after <2013> by inserting <or
16 a dispute resolution process implemented in accordance
17 with section 331.394, subsection 5 or 6>
18 45. By striking page 73, line 4, through page 74,
19 line 2.
20 46. Page 74, line 14, after <shall> by inserting
21 <issue a request for proposals to>
22 47. Page 74, line 21, after <vendor> by inserting
23 <selected>
24 48. Page 74, line 25, after <voluntary.> by
25 inserting <The department may transfer funds
26 appropriated in this 2014 Act for the Medicaid program
27 as necessary to pay the selected third-party vendor in
28 accordance with this section.>
29 49. Page 75, line 3, after <health,> by inserting
30 <the department on aging,>
31 50. By renumbering as necessary.

HEATON of Henry